



# BOARD OF PSYCHOLOGY

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200  
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**FOR OFFICIAL USE ONLY**

System ID:

Receipt No.:

Amount:

**THIS COVER SHEET  
MUST BE RETURNED  
WITH APPLICATION.**

# Cover Sheet

## *Application for Psychological Assistant*

**NAME** - Print name of Psychological Assistant in the boxes below

[illegible]

*Last name*

[illegible]

First name

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*M.I.*

--	--

*Suffix (Jr., Sr., I, II)*

**SOCIAL SECURITY NUMBER\***

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*\* Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.*



# BOARD OF PSYCHOLOGY

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## Application To Employ A PSYCHOLOGICAL ASSISTANT

*Pursuant to Section 2913 of the Business and Professions Code*

### Instructions

#### 1. COMPLETE ALL SECTIONS OF THE APPLICATION.

Failure to do so will delay approval. Please type or print legibly (except for signature).

#### 2. TO CONTACT THE BOARD'S REGISTRATION ANALYST:

**Last name A–G** Richard Hodgkin, assigned analyst

Telephone: (916) 263-2699, ext. 3304

E-mail: [richard\\_hodgkin@dca.ca.gov](mailto:richard_hodgkin@dca.ca.gov)

**Last name H–O** Annette Brown, assigned analyst

Telephone: (916) 263-2699, ext. 3305

E-mail: [annette\\_brown@dca.ca.gov](mailto:annette_brown@dca.ca.gov)

**Last name P–Z** Jeane Ward, assigned analyst

Telephone: (916) 263-2699, ext. 3303

E-mail: [jeane\\_ward@dca.ca.gov](mailto:jeane_ward@dca.ca.gov)

*The Board encourages applicants to communicate with staff via e-mail. It is much more efficient than telephone contact and provides applicants with a written record of the information provided.*

3. **TRANSCRIPTS:** An official transcript must be submitted from the graduate institution listed in response to Section I of the application, unless a transcript is already on file in conjunction with an earlier application submitted to the Board of Psychology. ***This transcript must be sent directly from the educational institution to the Board's Sacramento office.*** If the transcript does not clearly indicate the field of specialization of the degree awarded, or if registration is based on admission to candidacy, please request that the registrar submit a clarifying letter along with the transcript.

4. **FINGERPRINT CARDS:** Enclosed are two fingerprint cards which must be submitted for the employee/psychological assistant with this application unless fingerprint cards are already on file with the Board. These cards are processed by the Department of Justice (DOJ) and the Federal Bureau of Investigation (FBI) in order to verify whether or not an applicant has been convicted of a crime substantially related to the qualifications, functions or duties of a psychological assistant. According to section 11105(e) of the Penal Code, a state agency may charge a fee sufficient to recover the expense of obtaining this history.

The Board of Psychology cannot issue any registrations until criminal history clearances have been received from the DOJ. Although FBI clearances also are required, application approval is not dependent on receipt of FBI clearances. Regular DOJ fingerprint card processing (\$56.00) takes up to 6 weeks. Expedited processing (\$66.00) takes 2-3 weeks. This process can take even longer if the prints you submit are smudged, illegible or incomplete and are rejected by the DOJ. You are, therefore, strongly encouraged to have the fingerprint cards completed by a law enforcement agency. All fingerprints must be submitted on fingerprint cards supplied by the Board and must be printed in **black ink only**. **CARDS MUST NOT BE FOLDED.** Use a 9" x 12" envelope to return your application and fingerprint cards. If the cards are folded, you will be required to complete two additional fingerprint cards. The cards must be completed in detail including complete physical description, age, date of birth, etc. Complete both sides of each card. On the back of the cards, complete the personal information as well as the title of the registration for which you are applying.

5. **FEES:** The fee for filing an application for a psychological assistant is \$40.00. This fee is payable by the supervisor pursuant to section 1392.1(a) of the Psychology Regulations. Fingerprint fees (if applicable) are \$56.00 for regular processing and \$66.00 for expedited processing. Fees must accompany your application.
6. **LABELS:** Address **four** of the enclosed mailing labels for the employer and **four** for the employee/psychological assistant.
7. **APPROVAL:** The regulations of the Board of Psychology specifically state that no one may employ or supervise a psychological assistant without the approval of the Board. Submission of an application in and of itself is not sufficient. ***Approval must be granted before the assistant may begin work.***
8. **ANNUAL EXPIRATION DATE:** Under the provisions of Board Regulation section 1391.12(a), all psychological assistant registrations expire January 31 of every year. Because of this expiration date, no application for registration will be approved after December 31 of each year ***unless specifically requested on the application.***

**Instructions continued**

Individuals making application for registration close to this date may wish to request that their registrations be effective February 1 in order to avoid having to renew their registrations shortly after the effective date.

- 9. LAWS AND REGULATIONS:** A booklet containing relevant sections of the Business and Professions Code and the Psychology Regulations can be purchased by completing and returning Attachment E, along with a check or money order in the amount of \$4.00, to the Board of Psychology, 1422 Howe Avenue, Suite 22, Sacramento, CA 95825-3200. Please review this booklet carefully prior to completing and/or submitting your application. The laws and regulations are also available as a link on the Board's website, <[www.dca.ca.gov/psych](http://www.dca.ca.gov/psych)>.

**10. WHO CAN EMPLOY PSYCHOLOGICAL**

**ASSISTANTS:** Pursuant to section 2913, only licensed psychologists, Board-certified psychiatrists, Bronzan-McCorquodale (formerly Short-Doyle) contract clinics, psychology clinics, medical corporations and psychological corporations may employ psychological assistants. If a corporation is named as the employer of a psychological assistant, the exact name of the corporation as it appears on the Articles of Incorporation must be listed, along with the corporation number. (The corporation number is issued by the Secretary of State and is stamped on the Articles of Incorporation.) Please do not list the Employer Identification Number issued by the Internal Revenue Service. Please note that the terms "psychological corporation" and "medical corporation" refer to a professional corporation incorporated under the Moscone-Knox Professional Corporation Act. ***A general corporation or a nonprofit corporation cannot employ a psychological assistant unless it is ALSO a Bronzan-McCorquodale contract clinic or a psychology clinic licensed by the Department of Health Services.*** If you are uncertain as to the status of a corporation, please review its Articles of Incorporation, consult someone in an administrative capacity with the corporation, or consult an attorney prior to submitting an application.

**NOTE:** *If a corporation is named as the employer, submit a copy of the Articles of Incorporation filed with the Secretary of State. If a psychology clinic is named as the employer, submit a copy of the license issued by the Department of Health Services. If a Bronzan-McCorquodale contract clinic is named as the employer, submit a copy of the contract face sheet.*

**11. WHO CAN SUPERVISE PSYCHOLOGICAL**

**ASSISTANTS:** Psychological assistants who are employed by clinics or corporations must be supervised by licensed psychologists or Board-certified psychiatrists. Psychologists or Board-certified psychiatrists who employ psychological assistants also must serve as supervisors. Each licensed psychologist must have three years of post-licensure professional practice and may supervise three assistants. Each Board-certified psychia-

trist must have three years of post-licensure professional practice and may supervise one assistant. Board-certified psychiatrists must submit copies of their Board certifications from the American Board of Psychiatry and Neurology. If a licensed psychologist or a Board-certified psychiatrist has been licensed less than three years in the State of California, proof of out-of-state licensure must be submitted with this application. This proof must consist of a copy of the original license that shows the date it was issued, along with a copy of a renewal certificate. If this proof is already on file in conjunction with your licensure application, please provide this information on a separate sheet of paper.

- 12. QUALIFICATIONS/CREDENTIALS:** Under the provision of section 2913(b) of the Business and Professions Code, there are three different ways to qualify as a psychological assistant:

- Based upon one of three Master's degrees:
  - **Master's degree in psychology**
  - **Master's degree in education** with a field of specialization in psychology
  - **Master's degree in education** with a field of specialization in counseling psychology
- Based upon admission to candidacy for a doctoral degree in psychology or education with a field of specialization in psychology or counseling psychology after having satisfactorily completed three or more years of postgraduate education in psychology and having passed preliminary doctoral examinations (this requires a letter from the Registrar).
- Based upon a doctoral degree which qualifies for licensure under section 2914 of the Business and Professions Code.

- 13. EMPLOYEE STATE TAX:** Many employers of psychological assistants have apparently contended that their psychological assistants are "independent contractors" for Internal Revenue Service and Franchise Tax Board purposes. The Board of Psychology has received information concerning IRS guidelines that addresses "employee" and "independent contractor" status. Under these guidelines, it clearly appears that the IRS will consider a psychological assistant an employee, and not an independent contractor. This decision is based on the supervision, direction and control of the psychological assistant by the employer. Since it clearly appears the IRS will no longer consider psychological assistants to be independent contractors, the Board of Psychology would strongly urge that the psychological assistant employment contract reflect the employee status of the psychological assistant. This would also reinforce compliance with the criteria for employing a psychological assistant.

- 14. ACKNOWLEDGEMENT:** You will receive a postcard acknowledging the date your application was received by the Board of Psychology.



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## Application To Employ A PSYCHOLOGICAL ASSISTANT

*Pursuant to Section 2913 of the Business and Professions Code*

**FOR OFFICIAL USE ONLY**

### SECTION I. PSYCHOLOGICAL ASSISTANT (Personal Data)

System ID No. \_\_\_\_\_

**CURRENT NAME** - Print your name in the boxes below (exactly as you would like it to appear on your registration).

<b>1</b>																																																										
	Last name																First Name																M.I.				Jr., Sr., I, II																					

**ALIASES** - List below all other names by which you have been known. (If more than two, use an additional sheet of paper.)

<b>2</b>																																																										
	Last name																First Name																M.I.				Jr., Sr., I, II																					
<b>3</b>																																																										
	Last name																First Name																M.I.				Jr., Sr., I, II																					

**RESIDENCE** - This address will be used for all correspondence throughout the application process.

<b>4</b>																																																										
	Street Address																																																									
<b>5</b>																																																										
	City																								State		Zip																															
<b>6</b>																																																										
	E-Mail Address																								*Social Security Number																																	
<b>7</b>																																																										
	Message/Day Telephone												Residence Telephone												DATE OF BIRTH				Month		Day		Year																									

<b>8</b>	<b>This Psychological Assistant's application is based upon:</b> (check one response only)	<input type="checkbox"/> Master's Degree	<b>9</b>	• School _____															
		<input type="checkbox"/> Admission to Candidacy (Registrar's letter required)		• Description of degree _____															
	<input type="checkbox"/> Doctoral Degree		• Date awarded/admitted																
					Month	Day	Year												

\* Disclosure of your social security number is mandatory. Section 30 of the Business and Professions Code and Public Law 94-455 (42 USCA 405 (c) (2) (C) authorize collection of your SSN. Your SSN will be used exclusively for tax enforcement purposes, for purposes of compliance with any judgment or order for family support in accordance with section 11350.6 of the Welfare and Institutions Code, or for verification of licensure or examination status by a licensing or examination entity which utilizes a national examination and where licensure is reciprocal with the requesting state. If you fail to disclose your SSN, you will be reported to the Franchise Tax Board, which may assess a \$100 penalty against you.

## SECTION II. EMPLOYER

☐ A. Licensed Psychologist\* ☐ D. Psychology Clinic

☐ B. Board-Certified Psychiatrist\* ☐ E. Psychological Corporation

☐ C. Bronzan-McCorquodale (Short-Doyle) Contract Clinic ☐ F. Medical Corporation

11																																										
	Last name																			First Name																			M.I.		Jr., Sr., I, II	

[illegible]

13

Street Address

[illegible][illegible]

**16**    -    -        
*Business Telephone*

**17** \_\_\_\_\_  
*License/Corporation Number*

### SECTION III. SUPERVISOR

**18**  

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*Last name*                *First Name*                *M.I.*                *Jr., Sr., I, II*

**19** Supervisor is (check one):

☐ A. Licensed Psychologist

☐ B. Board-certified psychiatrist (*Board-certified in psychiatry by the American Board of Psychiatry and Neurology*)

[illegible][illegible]

<b>22</b>		-		-	
	<i>E-Mail Address</i>				<i>Social Security Number**</i>

**23**       -    -        ☐    ☐  
*Message/Day Telephone                  Male                  Female*

Application – Page 2 of 7

## SECTION IV. PSYCHOLOGICAL ASSISTANT QUESTIONNAIRE

YES	NO	
		<p>1. Are you presently registered as a psychological assistant?  <i>If yes, give name(s) of supervisor(s)</i></p> <p>_____</p> <p>_____</p>
		<p>2. Other than the above, have you ever been registered, or have you ever made application to register as a psychological assistant? <i>If yes, when?</i> _____</p>
		<p>3. Are you currently registered, were you previously registered, or have you ever filed an application to register to engage in psychological activities under section 2909(d) of the Business and Professions Code (Registered Psychologist)? <i>If yes, when?</i> _____</p>
		<p>4. Have you previously filed an application for a psychology license with the Board?  <i>If yes, when?</i> _____</p>
		<p>5. Omitting minor traffic violations, have you ever been convicted of or pled guilty or nolo contendere to any violation of any federal or state statute, or any city or county ordinance or any law of a foreign country? <b>THIS INCLUDES ALL MISDEMEANORS AND FELONIES.</b> Any conviction which has been dismissed under Section 1203.4 of the Penal Code must also be disclosed.  <i>If yes, complete the statement form on Attachments A/B of this application.</i></p>
		<p>6. Have you ever been denied a license, registration, certificate or credential to practice psychology, or any other profession or occupation, in any state or country?  <i>If yes, please explain on a separate sheet of paper.</i></p>
		<p>7. Have you had a license, registration, certificate or credential to practice psychology, or any other profession or occupation, suspended, revoked, reprimanded or subjected to disciplinary action in any state or country? <i>If yes, please explain on a separate sheet of paper.</i></p>
		<p>8. Have you voluntarily relinquished a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country?  <i>If yes, please explain on a separate sheet of paper.</i></p>
		<p>9. Have you ever been called before the Ethics Committee of any professional organization?  <i>If yes, please explain on a separate sheet of paper.</i></p>
		<p>10. Are you currently affected by any physical or mental condition which in any way impairs or limits your ability to practice psychology with safety to the public?  <i>If yes, please explain on a separate sheet of paper.</i></p>
		<p>11. Do you use any chemical substance(s) which in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i></p>
		<p>12. Are you currently engaged in the illegal use of controlled dangerous substances, or have you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to practice psychology (within the past two years)? <i>If yes, please explain on a separate sheet of paper.</i></p>

## SECTION V. SUPERVISOR QUESTIONNAIRE

YES	NO	
		1. Are you presently supervising a psychological assistant? <i>If yes, list name(s) of psychological assistant(s)</i>
		2. Omitting minor traffic violations, have you ever been convicted of or pled guilty or nolo contendere to any violation of any federal or state statute, or any city or county ordinance or any law of a foreign country? This includes all misdemeanors and felonies. Any conviction which has been dismissed under section 1203.4 of the Penal Code must also be disclosed. <i>If yes, complete the statement form on Attachments A/B of this application.</i>
		3. Have you ever been denied a license, registration, certificate or credential to practice psychology, or any other profession or occupation, in any state or country? <i>If yes, please explain on a separate sheet of paper.</i>
		4. Have you had a license, registration, certificate or credential to practice psychology, or any other profession or occupation, suspended, revoked, reprimanded or subjected to disciplinary action in any state or country? <i>If yes, please explain on a separate sheet of paper.</i>
		5. Have you voluntarily relinquished a license, registration, certificate or credential to practice psychology or any other profession or occupation in any state or country? <i>If yes, please explain on a separate sheet of paper.</i>
		6. Have you ever been called before the Ethics Committee of any professional organization? <i>If yes, please explain on a separate sheet of paper.</i>
		7. Are you currently affected by any physical or mental condition which in any way impairs or limits your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
		8. Do you use any chemical substance(s) which in any way impairs your ability to practice psychology with safety to the public? <i>If yes, please explain on a separate sheet of paper.</i>
		9. Are you currently engaged in the illegal use of controlled dangerous substances, or have you so engaged recently enough so that the use of drugs may have an ongoing impact on your ability to function as a psychologist (within the past two years)? <i>If yes, please explain on a separate sheet of paper.</i>

## **SECTION VI. FUNCTIONS**

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Describe the specific psychological services to be rendered by the psychological assistant.

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## **SECTION VII. SUPERVISION**

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Describe the supervision to be provided to the psychological assistant. (Supervisor must provide the psychological assistant a minimum of one hour per week of direct individual, face-to-face supervision. Additional supervision may be required under Psychology Regulation section 1387 in order for the experience to qualify for licensure.)

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# Application to Employ a PSYCHOLOGICAL ASSISTANT

## SECTION VIII. LEGAL ISSUES

Supervisor's Initials	Psych. Asst. Initials	Please read each statement below and indicate that you understand by placing your initials in the corresponding box. Both supervisor and psychological assistant must initial each statement.
		1. It is understood that supervisors of psychological assistants may not delegate any portion of individual supervision to anyone else.
		2. It is understood that the supervisor shall inform each client in writing prior to the rendering of psychological services by the psychological assistant that the assistant is unlicensed and is under the direction and supervision of the supervisor as an employee. The supervisor should obtain written client releases to allow for case reviews. <i>Psychology Regulation 1391.6(b)</i>
		3. It is understood that the psychological assistant shall at all times and under all circumstances identify him/herself to clients as a psychological assistant to his/her employer or responsible supervisor when engaged in any psychological activity in connection with that employment. <i>Psychology Regulation 1396.4(b)</i>
		4. It is understood that the supervisor is responsible for the assistant's compliance with the laws and the Board's regulations. <i>Psychology Regulation 1391.6(a)</i>
		5. It is understood that the supervisor is responsible for ensuring that the limited psychological functions performed by the psychological assistant are consistent with the supervisor's education, training and experience and the education and training of the psychological assistant. <i>Psychology Regulation 1391.6(a)</i>
		6. It is understood that the supervisor must be present in the same work setting at least fifty percent (50%) of the time that his/her psychological assistant is rendering professional services. "Same work setting" is defined by the Board as being the same physical suite of offices. <i>Psychology Regulation 1391.5(a)</i>
		7. It is understood that no supervisor or employer of a psychological assistant may charge a fee or otherwise require monetary payment in consideration for the employment or supervision of a psychological assistant. <i>Psychology Regulation 1391.8(a)</i>
		8. It is understood that no psychological assistant may bill clients directly for any services rendered.
		9. It is understood that within thirty (30) days after the termination of the employment of a psychological assistant, the employer shall notify the Board in writing of such termination. <i>Psychology Regulation 1391.11</i>
		10. It is understood that it is inappropriate for psychological assistants to advertise their services. Any business card of a psychological assistant should include his/her name, the fact that he/she is a psychological assistant, his/her registration number, the name and license number of the supervisor and the location where services are provided.

(Continued page 7)

# Application to Employ a PSYCHOLOGICAL ASSISTANT

## SECTION VIII. LEGAL ISSUES (Continued from page 6)

Supervisor's Initials	Psych. Asst. Initials	
		Please read each statement below and indicate that you understand by placing your initials in the corresponding box. Both supervisor and psychological assistant must initial each statement.
		11. It is understood that all correspondence regarding the registration will be sent to the employer or supervisor's address of record. If this address changes, the employer or supervisor must notify the Board in writing, indicating both his/her license number and the psychological assistant's registration number (if the psychological assistant's address is to also be changed).
		12. It is understood that no psychological services may be provided by the psychological assistant prior to the approval of this application by the Board. <i>Business and Professions Code Section 2913</i>
		13. It is understood that the supervisor shall provide a minimum of one (1) hour per week of individual face-to-face supervision to the psychological assistant. <i>Psychology Regulation 1391.5(b)</i>
		14. It is understood that the psychological assistant shall have no proprietary interest in the business of the employer or supervisor. <i>Psychology Regulation 1391.8(b)</i>
		15. It is understood that the registration of a psychological assistant expires on January 31 of each year and that the registration shall be renewed by the employer by that date. A psychological assistant whose registration has not been renewed shall not function as a psychological assistant. Registrations not renewed within 60 days of the expiration date become canceled and a new application must be submitted. It is also understood that psychological assistants may not practice or accrue hours of supervised professional experience during any period of registration delinquency or supervisor's license delinquency. <i>Psychology Regulation 1391.12</i>
		16. It is understood that the psychological assistant shall not rent, lease, sublease or lease-purchase office space from the employer or the supervisor. <i>Psychology Regulation 1391.8(c)</i>

## SECTION IX. - SIGNATURES

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

\_\_\_\_\_  
Signature of Employer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Supervisor (if different from employer)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Psychological Assistant

\_\_\_\_\_  
Date

**BOARD OF PSYCHOLOGY**

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916/ 263-2699 • [www.psychboard.ca.gov](http://www.psychboard.ca.gov)**Attachment to Application For  
PSYCHOLOGICAL ASSISTANT*****Attachment A • Statement Form***

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*To be completed only if you checked "Yes" in Section IV or V of the application regarding criminal history.*

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**IF APPLICABLE, FILL OUT ATTACHMENT B ON THE REVERSE SIDE OF THIS PAGE.**

**The following documentation will be required before your file can be reviewed:**

**CONVICTION OF A CRIME**

- Certified copies of court documents stating conviction(s) and order of the judge.
- Certified copies of court documents verifying fines / restitution have been paid.
- Letter from probation officer verifying successful completion of probation.
- Printout of Department of Motor Vehicles record.

***Note:** If any of these documents have been purged, a statement verifying that fact must be received, on courthouse letterhead from the courthouse, where the incident(s) took place.*

**SUBSTANCE ABUSE PROGRAM**

- Certified copies of certificate(s) of completion from each program attended.
- Letter from program counselor(s), on letterhead, verifying successful completion, indicating the type of treatment received, the duration, and the status of your rehabilitation at the time of completion.

***Note:** If any of these documents have been purged, a statement verifying that fact must be received from the program on program letterhead.*

**If you are reporting more than one conviction, duplicate the other side of this form and fill out and submit the completed copies to the Board of Psychology.**

## Attachment B • Statement Form

(Please type or print legibly)

1A

[illegible][illegible]

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*Jr., Sr., I, II*

2A

Date of Offense

3A

Court of Jurisdiction:

4A

Dates of Imprisonment: \_\_\_\_\_ to \_\_\_\_\_      Dates of Parole: \_\_\_\_\_ to \_\_\_\_\_

5A

Dates of Probation: \_\_\_\_\_ to \_\_\_\_\_

6A

*Were you enrolled in a substance abuse program?*

Start Date

Completion Date

7A

Details of Incident: \_\_\_\_\_

8A

Signature

Date \_\_\_\_\_

Printed Name

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**Attachment to Application  
PSYCHOLOGICAL ASSISTANT*****Attachment C • Checklist***

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- \_\_\_\_\_ 1. All sections of the application filled out completely (Sections I–X).
- \_\_\_\_\_ 2. Two fingerprint cards filled out completely (front and back), if required.
- \_\_\_\_\_ 3. Official transcripts submitted directly from your educational institution.
- \_\_\_\_\_ 4. Eight typed mailing labels (four for the employer and four for the psychological assistant.)
- \_\_\_\_\_ 5. For Board-certified psychiatrist supervisor—copy of Board certification from the American Board of Psychiatry and Neurology.
- \_\_\_\_\_ 6. If a corporation is named as the employer, submit a copy of the Articles of Incorporation filed with the Secretary of State. If a psychology clinic is named as the employer, submit a copy of the license issued by the Department of Health Services. If a Bronzan-McCorquodale contract clinic is named as the employer, submit a copy of the contract face sheet.
- \_\_\_\_\_ 7. Check or money order made payable to: **Board of Psychology**
  - \$40.00 application fee, plus
  - Fingerprint cards (if required)
    - \$56.00 fee for regular processing or,
    - \$66.00 fee for expedited processing.

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***Send application with appropriate fee, transcripts, letters from registrar, or any other correspondence to:***

**BOARD OF PSYCHOLOGY  
1422 Howe Avenue, Suite 22  
Sacramento, CA 95825-3200**



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## Attachment to Application PSYCHOLOGICAL ASSISTANT

### *Attachment D • Overview of Licensure*

#### 1. YOUR RESPONSIBILITY

It is your responsibility to know the requirements for licensure set forth in statute and regulation. To accomplish this, you must review this document and other relevant documents listed in the application for licensure as a psychologist. Failure to review and understand these documents may adversely affect application approval.

#### 2. EDUCATIONAL REQUIREMENTS

**A. Named Degrees** — Section 2914 of the Business and Professions Code provides that individuals who possess an earned doctorate degree in psychology, educational psychology or education with a field of specialization in counseling psychology or education with a specialization in educational psychology from an approved or accredited educational institution meet the educational requirements for licensure.

**B. Equivalent Degrees** — Section 2914 of the Business and Professions Code, coupled with sections 1386 of the Californian Code of Regulations, provides that individuals who possess an earned doctorate from approved or accredited educational institutions in fields *other* than those listed *above* can qualify *if* the Board finds their degrees equivalent to the named degrees.

**C. Foreign Degrees** — Section 2914 of the Business and Professions Code, coupled with sections 1383.1 and 1385 of the California Code of Regulations, provides that individuals with doctorate degrees from foreign educational institutions can qualify if the degree is comparable to an American doctorate and either a degree named in section 2914 of the Business and Professions Code or a degree which the Board finds to meet equivalency requirements.

**D. Certificate of Professional Qualification** — Section 2946 of the Business and Professions Code, coupled with Section 1388.6 (e) of the California Code of Regulations, provides that individuals who hold a Certificate of Professional Qualification (CPQ) issued by the Association of State and Provincial Psychology Boards shall be deemed to have met the educational requirements listed in **A (Named Degrees)** of this section and experience requirements listed in Section 3 (Supervision Requirements.) You shall be required to pay all current applicable fees and take and pass

the portion of the oral examination which examines knowledge of California laws governing the practice of psychology. The written examination shall be waived.

#### 3. SUPERVISION REQUIREMENTS

Section 2914 of the Business and Professions Code and section 1387 of the California Code of Regulations require 2 years (3,000 hours) of professional experience, at least 1,500 of which must be completed post-doctorally. The supervision requirements are complex. To avoid problems, you must understand them prior to starting supervision. In many instances, registration with the Board is required.

**Failure to register when registration is required will result in the Board's refusal to accept your supervised experience and possible referral to the District Attorney for unlicensed practice.** Please consult your supervisor, review all appropriate documents (see Section 6) **AND** consult with Board staff to ensure that you are proceeding properly.

**A. Internship** — If you are enrolled in a doctoral program which includes an internship, you may function as an intern without registration. California Code of Regulations must be met in order for your hours to count toward the licensure requirements. Please note that if you already have your doctorate and are accruing post-doctoral hours, registration is required unless you are employed by one of the entities described in **B (Exempt Settings)**.

**B. Exempt Settings** — If you are employed directly (paid or unpaid) by an educational institution (approved or accredited), or a governmental entity (federal, state, county, municipal, etc.), or if you were functioning under a waiver issued by the State of California Department of Mental Health pursuant to Welfare & Institutions Code section 5751.2, you are not required to register. All requirements of section 1387 of the California Code of Regulations must be met in order for your hours to count toward the licensure requirements.

**C. All Other Experience** — Except as enumerated in **A** and **B** above, everyone accruing supervised professional experience in California must register with the Board prior to beginning work. This is true *even if* you hold another

*(Continued on reverse side)*

Attachment to Application  
**PSYCHOLOGICAL ASSISTANT**

*Attachment D • Overview of Licensure*

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*(Continued from side one)*

license which allows you to provide services independently (this is because independent practice under another license does not meet the Board's requirements, even if appropriately supervised.) Experience outside California does not require registration, but must comply with all other requirements set forth in section 1387 of the California Code of Regulations.

**D. Types of Registration** — Most individuals will need to register as psychological assistants. However, if you already have a doctorate degree with 1,500 hours of experience **AND** plan to work for a nonprofit community agency which receives 25% of its funding from governmental sources (not counting Medi-Cal or Medicare), you must register for employment as a registered psychologist under section 2909(d) of the Business and Professions Code.

#### **4. EXAMINATIONS**

Most applicants will be required to pass both a written and an oral examination. Those who believe they have made a substantial contribution to the field of psychology may be eligible for waiver of the written examination.

**A. Written Exam**—The national Examination for Professional Practice in Psychology is administered each April and October. This is currently a 200-item multiple choice exam.

**B. Oral Exam**—California administers its own oral exam each June and January. This exam focuses on the applicant's area of emphasis within psychology and on legal and ethical issues.

#### **5. QUALIFICATIONS FOR WAIVER OF THE EXAMINATION**

Pursuant to section 1388.6 of the California Code of Regulations, the written examination will be waived and the Jurisprudence and Ethics Oral Licensing Examination will be required if you meet one or more of the following criteria:

- (1) you have been licensed for five or more years in another state or states combined;
- (2) you are a Diplomat of the American Board of Professional Psychology and are licensed in another state;
- (3) if you were a California applicant for licensure who abandoned your application after failure to pay initial license fee (pursuant to Psychology Regulation 13981.5);
- (4) you possess a Certificate for Professional Qualification issued by the Association of State and Provincial Psychology Boards; or,

- (5) you possess a California psychology license that expired and was not renewed within three years, requiring reapplication, and that has never been subject to disciplinary action.

#### **6. FURTHER INFORMATION**

You can receive further information by visiting our website at [www.dca.ca.gov/psych](http://www.dca.ca.gov/psych). You can review the Business and Professions Code and the California Code of Regulations governing the practice of psychology via our website by clicking on the "Links" button and following the directions. The following documents are available from the Board upon written request:

- Booklet containing the laws and regulations governing the practice of psychology (updated annually). Please note: There is a \$4.00 charge for this booklet. The Business and Professions Code and the California Code of Regulations can be accessed as links on the Board's Internet website [www.dca.ca.gov/psych](http://www.dca.ca.gov/psych).
- Application for licensure as a psychologist.
- Application for licensure as a psychologist with supplementary materials for those licensed in other states or who possess a CPQ.
- Application for registration as a psychological assistant.
- Application for registration under section 2909(d) of the Business and Professions Code (registered psychologist).

If you wish to inquire as to the status of a previously submitted application, or if you have questions that were not answered by the general information section of our automated telephone system, you may call 916/263-2699 between 8:00 a.m. and 5:00 p.m. Monday through Friday, and dial the following extension number when you hear the greeting of the automated telephone system.

##### **Applicants with the first letter of the last name A—G:**

Richard Hodgkin, assigned analyst  
Telephone: (916) 263-2699, ext. 3304  
E-mail: [richard\\_hodgkin@dca.ca.gov](mailto:richard_hodgkin@dca.ca.gov)

##### **Applicants with the first letter of the last name H—O:**

Annette Brown, assigned analyst  
Telephone: (916) 263-2699, ext. 3305  
E-mail: [annette\\_brown@dca.ca.gov](mailto:annette_brown@dca.ca.gov)

##### **Applicants with the first letter of the last name P—Z:**

Jeane Warda, assigned analyst  
Telephone: (916) 263-2699, ext. 3303  
E-mail: [jeane\\_warda@dca.ca.gov](mailto:jeane_warda@dca.ca.gov)

**BOARD OF PSYCHOLOGY**

1422 Howe Avenue, Suite 22 • Sacramento, CA 95825-3200  
916/ 263-2699 • [www.psychboard.ca.gov](http://www.psychboard.ca.gov)



Attachment to Application For  
**PSYCHOLOGICAL ASSISTANT**

***Attachment E • Request for Laws and Regulations***

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*(Please type or print legibly)*

FROM: \_\_\_\_\_

*Name*

\_\_\_\_\_  
*Street Address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*Zip*

*Dear Applicant:*

*If you would like to receive a copy of the Laws and Regulations relating to the practice of psychology, please return this form along with a check or money order in the amount of \$6.00 made payable to:*

**BOARD OF PSYCHOLOGY  
1422 Howe Avenue, Suite 22  
Sacramento, CA 95825-3200**

*Thank you for your cooperation.*

Board of Psychology



**BOARD OF PSYCHOLOGY**

1422 HOWE AVENUE, SUITE 22  
SACRAMENTO, CA 95825-3200  
(916) 263-2699  
[www.psychboard.ca.gov](http://www.psychboard.ca.gov)

**ADDENDUM TO APPLICATION TO EMPLOY  
A PSYCHOLOGICAL ASSISTANT**

We declare under penalty of perjury under the laws of the State of California that there is no familial and/or interpersonal relationship between the proposed supervisor and the psychological assistant. (Section 1387.1(k), California Code of Regulations)

**SUPERVISOR**

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Signature

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Date

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Printed Name**PSYCHOLOGICAL ASSISTANT**

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Signature

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Date

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Printed Name